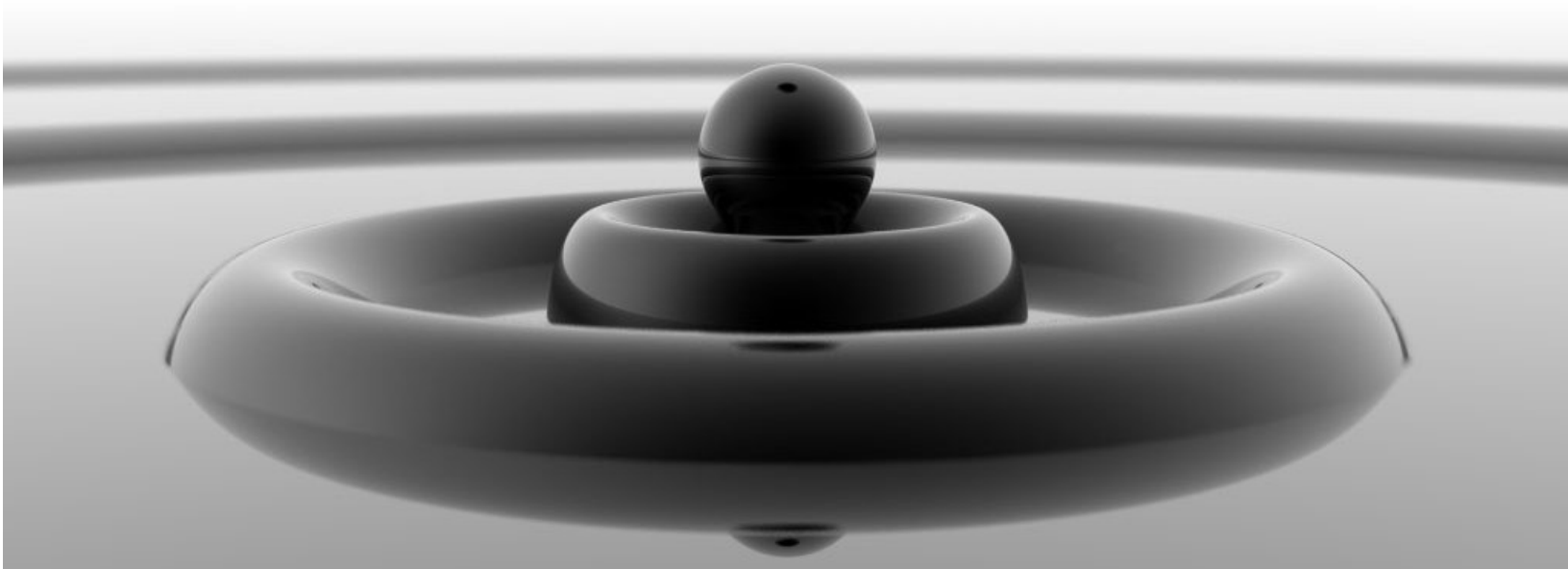
MERCURY IN HEALTH CARE
Southeast Asia Conference
Philippines 2006

Conference Report

January 25-26, 2006
Philippine Heart Center
Manila, Philippines



WWW.MERCURYFREEHEALTHCARE.ORG

ORGANIZERS

Organized by:

Health Care Without Harm

In association with
the United Nations Environment Programme

UNEP

With the support of

Philippine Heart Center
Center for Excellence in Cardiovascular Care

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Overview

■ The United Nations Environment Programme (UNEP) has identified health-care related activities as an important source of anthropogenic release of mercury into the environment.

■ Mercury is found in a variety of products used in health care facilities, including thermometers, laboratory chemicals, blood pressure monitors, and dental fillings. When these products are improperly disposed or incinerated, mercury is released into the environment.

■ The South East Asia Conference on Mercury in Health Care was organized by Health Care Without Harm in association with UNEP, and with the support of the Philippine Heart Center, Department of Health, and the Department of Environment and Natural Resources.

■ More than 175 participants from eleven countries attended. Most were from the Philippines. The majority were hospital administrators and government officials who are in a position to initiate administrative changes in their own facilities toward delivering mercury-free health care.

10 Key Products

The results of the Conference included ten specific products that will serve to further the promotion of mercury free health care in South East Asia.

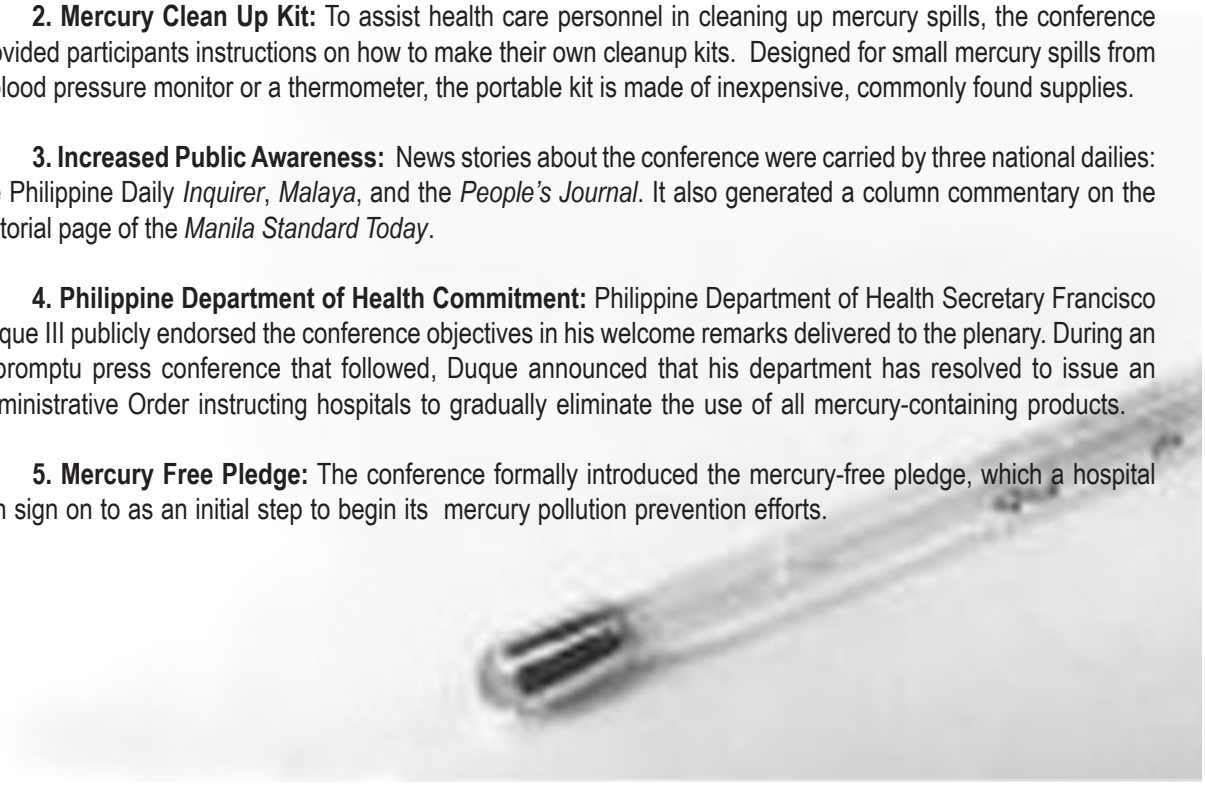
1. The Manila Declaration: Affirming a responsibility to address the problem of mercury as a pollutant, the 140 signatories to the Manila Declaration committed themselves to a three-track plan of action "to reduce and eliminate mercury use with the goal of mercury-free health care."

2. Mercury Clean Up Kit: To assist health care personnel in cleaning up mercury spills, the conference provided participants instructions on how to make their own cleanup kits. Designed for small mercury spills from a blood pressure monitor or a thermometer, the portable kit is made of inexpensive, commonly found supplies.

3. Increased Public Awareness: News stories about the conference were carried by three national dailies: the Philippine Daily *Inquirer*, *Malaya*, and the *People's Journal*. It also generated a column commentary on the editorial page of the *Manila Standard Today*.

4. Philippine Department of Health Commitment: Philippine Department of Health Secretary Francisco Duque III publicly endorsed the conference objectives in his welcome remarks delivered to the plenary. During an impromptu press conference that followed, Duque announced that his department has resolved to issue an Administrative Order instructing hospitals to gradually eliminate the use of all mercury-containing products.

5. Mercury Free Pledge: The conference formally introduced the mercury-free pledge, which a hospital can sign on to as an initial step to begin its mercury pollution prevention efforts.



6. Malaysia Pre-Conference: Prior to the Manila conference, the Penang Environment Working Group held a multi-stakeholder preparatory seminar. Fifty-six participants produced a series of recommendations to address the problem in that country.

7. Working Groups Plans of Action: The conference divided into nine working groups based on geographical and professional affiliation. Within the Philippines there were five regional groups. Each working group produced a detailed and ambitious plan of action.

8. South East Asian Working Group: The conference established a Southeast Asia Mercury Working Group which will organize multi-stakeholder workshops, while building networks and advocacy support systems in Malaysia, Indonesia and Vietnam.

9. Identification of Alternatives Manufacturers: Conference organizers established contacts with manufacturers of mercury-free devices with market presence in the Philippines. A major post-conference task will be the preparation of a database of local and regional suppliers of mercury-free health care products.

10. Synergy with Other Initiatives: The conference helped create synergy with initiatives such as the UNDP/WHO/HCWH GEF Project on Medical Waste, that aim to rid hospitals of mercury-containing health care devices. It also revealed the potential for the health care sector to play a leading role in addressing mercury pollution on the local, national and global levels.

The Way Ahead

- The main challenge in the Philippines will be to institute a multi-faceted program to slash the mercury waste generated by hospitals.

- A major action point identified by the Southeast Asia working group is the formation of national stakeholders' networks on the issue of mercury in health care.

- Creating an adequate disposal infrastructure is a central challenge.

- The conference conclusions about the need for a legally binding international instrument to control mercury trade, along with similar efforts by national networks in the region, can serve as input to the UNEP Governing Council meeting in Nairobi in February 2007.

- In August of 2006, the Second Regional Conference on Mercury in Health Care will be held in Buenos Aires, Argentina. Lessons from the Manila conference will be shared there.

Health care professionals provide vital services to society. When people get sick they invariably consult health care professionals in clinics or hospitals. Ironically, threats to people's health can often be found within the health care facilities themselves.

Studies show that medical practices generate considerable amounts of toxic waste and emissions to air and water, endangering human health and the environment. Many of the products and substances used in a typical health care facility end up in the waste stream. Vulnerable patients (with already compromised immune systems), health care personnel and the public at large are needlessly put at risk because of preventable pollutants released by health care facilities.

One of the most serious of such preventable pollutants is mercury. The United Nations Environment Programme (UNEP) has identified health-care related activities as an important source of anthropogenic release of mercury into the environment. The heavy metal is found in a variety of products used in health care facilities, including thermometers, laboratory chemicals, blood pressure monitors, and dental fillings. When these products are improperly disposed or incinerated, mercury is released into the environment. In addition to the incineration of medical waste, mercury from health care facilities also enters the environment as a result of breakages, spills, and improper disposal of mercury-containing products. Because of the prevalence of mercury products in health care facilities and the frequency with which these devices break and are not properly cleaned up, it is not uncommon for health care facilities to exceed permissible levels of mercury in the ambient air.

As a potent neurotoxin, mercury attacks the body's central nervous system. The metal has been linked to many neurological problems, causing symptoms such as trembling, loss of muscle control, headaches, mental confusion, nausea, and hair loss. It can affect the brain, kidneys and lungs, and is particularly harmful to children. In addition, mercury, which has an estimated half-life in mammals of about 70 days, can alter the immune system.

Discussion on mercury's toxicity has in the past mostly concentrated on cases of acute poisoning, exposure to high levels of mercury in a short amount of time. It is only fairly recently that the health impacts of low-level, chronic exposure to mercury have been studied. In an epidemiological study in the Faroe Islands in the Northern Atlantic, researchers reported decreased memory, attention, and language skills in children exposed to mercury from their mothers' consumption of fish and pilot whale meat. Of particular concern is the ability of mercury to permanently harm the developing fetus as it readily crosses the placenta and concentrates in the fetal brain. Reproductive effects from prenatal exposure range from subtle developmental changes— delayed motor skills, attention deficit, poor memory— to death.

Despite the widespread presence of mercury in health care facilities, many health care workers in most countries in the world remain unaware of the risks associated with its use. A broken thermometer can expose a health care worker to health hazards since mercury can be inhaled even at room temperature. The average health care worker often ignores the health risks associated with low thresholds of mercury exposure, viewing a broken thermometer as just another piece of garbage that needs to be swept away.

The mercury from broken medical devices, when improperly disposed, leaches into the ground and water, where it transforms into the much more hazardous form of organic mercury (also known as methylmercury), and can be absorbed by fish. Because organic mercury has the ability to bioaccumulate in animals, the levels of organic mercury in fish can be up to 100,000-fold greater than the levels in the water. When humans consume contaminated fish, they take on the mercury from the fish.

Because of these concerns with mercury's toxicity, the World Health Organization (WHO), in a 2005 policy paper on mercury in health care, has identified strategic steps for health care facilities to curb the use of mercury: 1) in the short term, develop mercury cleanup and storage procedures; 2) in the medium term, inventory use of mercury and increase efforts to gradually replace the use of mercury-containing products; and 3) in the long term, support a ban on mercury-containing health care products and effectively promote the use of mercury-free alternatives.

Many U.S. and European hospitals already employ safer alternatives such as digital thermometers and aneroid sphygmomanometers. Mercury-containing devices, however, are still given out regularly to patients and hospital staff in countries such as the Philippines and throughout Southeast Asia. The UNEP notes that the reduction of

mercury use in industrialized countries has led to a concomitant growth in its use in the developing countries as global trade pushed for markets with less strenuous environmental regulations. According to the UNEP:

"*As awareness of mercury's adverse impacts has increased, the uses of mercury have been reduced significantly in many industrialized countries. Alternatives are commercially and competitively available for most uses. However, these reductions in use have had the effect of lowering demand relative to the supply of mercury, which has kept mercury prices low and encouraged ongoing (and in some cases, increased) use of mercury and outdated mercury technologies in less-developed regions or nations. As mercury regulations and restrictions are less comprehensive or less well enforced in many less-developed regions, these trends have contributed to the concentration, in these areas, of a disproportionate burden of some of the health and environmental risks that accompany mercury.*"

This pattern has held true for health care services, as the use of mercury in medical products is decreasing significantly in more developed countries, while holding steady—or even increasing—in parts of the Global South. This practice persists despite the high risk of breakage, and the low levels of public education about how to clean up hazardous mercury waste.

Given that healthcare professionals take the Hippocratic Oath to "first do no harm," it is deeply ironic that hospital products are such a significant source of toxic mercury pollution.

Conference Organizers

Health Care Without Harm (www.noharm.org) is an international coalition of hospitals and health care systems, medical professionals, health-affected constituencies, environmental and environmental health organizations and religious groups in 52 countries. Health Care Without Harm's campaign is supporting the health care industry to better apply its ethical commitment to "First, Do No Harm" to the environmental and occupational impacts of the technologies and materials used in health care.

The United Nations Environment Programme (www.unep.org) is the voice for the environment within the United Nations. The mission of the United Nations Environment Programme is to provide leadership and encourage partnership in caring for the environment by inspiring, informing, and enabling nations and peoples to improve their quality of life without compromising that of future generations.

Philippine Heart Center (www.phc.gov.ph) is the premier Philippine hospital committed to caring for patients with heart and related ailments. Founded in 1975, the Philippine Heart Center offers a holistic approach in its quality patient care: non-invasive and invasive cadio-diagnostic procedures, critical care management, thoracic and cardiovascular surgery, physical and cardio-pulmonary rehabilitation.

The Department of Health (www.doh.gov.ph) is the principal health agency in the Philippines. It is responsible for ensuring access to basic public health services to all Filipinos through the provision of quality health care and regulation of providers of health goods and services.

The Department of Environment and Natural Resources (www.denr.gov.ph) is the primary government agency in the Philippines responsible for the conservation, management, development and proper use of the country's environment and natural resources as well as the licensing and regulation of all natural resources utilization.

The Southeast Asia Conference on Mercury-Free Health Care was organized by Health Care Without Harm (HCWH) in association with the United Nations EnvironmentProgramme (UNEP) and with the support of the Philippine Heart Center, the Philippine Department of Health (DOH) and the Department of Environment and Natural Resources (DENR).

First in a series of four contemplated events (with the other three to take place in Argentina, South Africa and India), the two-day conference and exhibit held at the Philippine Heart Center on January 25-26, 2006 aimed to activate health care professionals to become more informed advocates for mercury use reduction. The conference sought to leverage the resources of the health care sector – and the authority of doctors and nurses – in favor of safer alternatives, making hospital practices more ecologically sustainable in the process and reducing their adverse impacts to public health.

Among other things, the conference discussed the science of mercury pollution, available alternatives to mercury-containing medical devices and mercury spill cleanup. Conference presentations also included brief national surveys of mercury use by health care facilities in the Philippines, Indonesia, Malaysia and China. Initiatives to eliminate mercury in other parts of the world were also reported in the conference plenary. Toward the end of the second day of the conference, the plenary divided into several working groups to define a course of action for local implementation of the strategic steps laid out in WHO's policy paper on mercury in health care, which calls for a reduction in the use of unnecessary mercury-containing health care products in the medium term and a ban on those products in the long term.

The conference drew a total of 175 participants from eleven countries. Most were from the Philippines. The organizers of the conference mainly strove to invite hospital administrators and other health care executives who are key stakeholders in the issue and are in a position to initiate administrative changes in their own facilities toward delivering mercury-free health care. In determining which key hospitals to invite, the organizers took into consideration the relative size of the health care facilities—targeting tertiary hospitals with bed capacity for 100 or more patients—and sought to provide representation to each of the geographical regions of the Philippines, as well as from various countries in the South East Asia region.

The Philippine Department of Health issued a departmental personnel order (DPO) for its Centers of Health Development (CHD) in each region and the National Center for Health Facility Development to send representatives to the conference. The CHD is the local presence of the Department of Health in each region, coordinating the work being done by the department in the different regions in the Philippines. The National Center for Health Facility Development is the agency under the Department of Health which develops policies, programs, standards, guidelines and projects related to the upgrading of health facilities and health care equipment.

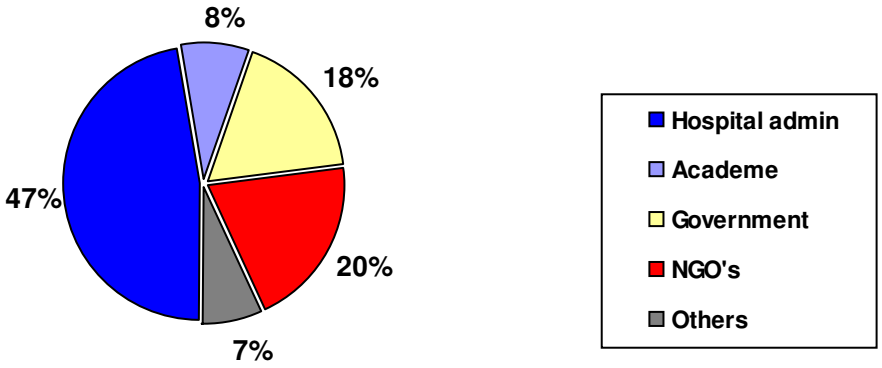


Figure 1: Conference participants by sector

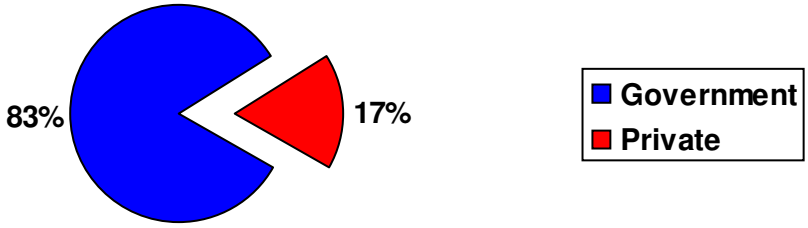


Figure 2: Hospital admin participants by hospital affiliation

A conference website, www.mercuryfreehealthcare.org, was set up in November 2005 to provide would-be attendees initial information about the conference and relevant resources on the issue. After the conference, the website is to be maintained and relevant documents generated by the conference are to be posted online to aid the working groups formed during the conference in the implemention of their local work plans. The website will also feature information on the three other upcoming regional mercury conferences organized by Health Care Without Harm in association with UNEP.

The exhibit held at the lobby of the Philippine Heart Center featured three Philippine suppliers of thermometers, blood pressure monitors and dental composite. Instructions on how to clean up a mercury spill were also prominently displayed in the exhibit.

Conference Goals

The Conference was organized in order to convene representatives from medical associations, hospitals, government ministries, medical device manufacturers, health-related NGOs and others in each region to:

- Discuss the hazards of mercury containing medical devices to health care workers, patients and the global environment.
- Discuss proper clean up procedures for spills or accidents, and safe disposal of mercury containing medical devices.
- Discuss safe, effective, environmentally sound and economically viable alternatives to mercury containing medical devices.
- Discuss the new WHO policy on mercury in the health care sector.
- Learn from the experiences of counterparts in other developing countries as well as in the North.
- Develop an understanding of the global context of mercury use in the health care sector, how it relates to broader environmental and health problems caused by mercury, and how work in the health care sector fits in to global efforts to eliminate mercury.
- Establish a mercury-free health care working group in each region to develop an action plan for mercury elimination in the health care sector.

The Conference resulted in ten key outcomes or products which will serve to continue to move forward the promotion of alternatives to mercury in health care.

1. Manila Declaration on Mercury-free Health Care

The conference concluded with a declaration that acknowledged both the pervasive use of mercury in health care facilities in Southeast Asia and the adverse health risks associated with the toxicant. The conference declaration was signed by 140 participants in the conference, sixty percent of whom were health care workers directly involved in the administration of their respective health care facilities.

The Manila Declaration recognized the progress in the United States and Europe of initiatives to phase out mercury-based medical products. It also cited the UNEP for working with national governments in reducing mercury use.

Affirming a responsibility to address the problem of mercury as a pollutant, the signatories to the Manila Declaration committed themselves to "to reduce and eliminate mercury use with the goal of mercury-free health care " and to "educate our co-workers, patients and communities about the potential hazards of mercury." The signatories agreed to a three-track plan of action:

A. **In their respective health care institutions**, to educate colleagues and the public at large as regards mercury's health and environmental hazards, exchange information and generate knowledge pertaining to the dependability of mercury-free alternatives, and call on their hospitals to phase out mercury products;

B. **In Southeast Asia**, to build multi-stakeholder national networks that would carry out local campaigns on the issue and implement programs that would replace mercury-containing health care products with mercury-free alternatives; and

C. **Globally**, to advocate for national legislation and a binding international instrument that would curb the demand and supply of mercury.

2. Mercury Spill Cleanup Kit

It is essential for health care workers to be keenly aware of the necessity for prompt mitigation of human exposure should a mercury spill scenario occur. Every health care facility therefore should create and maintain an effective management plan that provides for the cleanup of mercury. To assist health care personnel in cleaning up mercury spills, the conference provided participants instructions on how to make their own mercury spill cleanup kits (see Appendix I).

Designed for small mercury spills from a blood pressure monitor or a thermometer, the portable mercury spill cleanup kit is made of supplies that can be readily found: ziplock-type bags, trash bags, rubber or latex gloves, paper towels, cardboard or squeegee, eyedropper, duct tape, flashlight and powdered sulfur. The cleanup procedures for using the kit incorporates useful general techniques: consolidation of smaller mercury droplets into larger drops, collection of mercury drops through suction, absorption of mercury and amalgamation.

3. Increased Awareness

The conference generated a significant degree of enthusiasm from the participants as evidenced by the detailed and quite ambitious work plans that were devised by each working group during the workshop on the second day of the conference. While most of the participants had background cursory knowledge about the toxic effects of acute mercury poisoning even before attending the conference, the plenary sessions focused their attention to the seldom highlighted aspects of mercury's toxicity: the harm being posed to the occupational safety and wellbeing of health care workers themselves and how health care waste contaminated with mercury from accidental spills is endangering the health of the public at large.

News stories about the conference were carried by three national dailies: the Philippine Daily *Inquirer*, *Malaya*, and the *People's Journal*. It also generated a column commentary on the editorial page of the *Manila Standard Today*. The consumer's advocacy column of the Philippine Star also featured the conference. A lengthy story about the conference was also posted on the web log of the Philippine Center for Investigative Journalism (PCIJ). When a

mercury poisoning incident in a high school broke out a month after the conference, a news report by the *BusinessMirror* mentioned the efforts currently being done by the Philippine health care sector to curtail mercury use and the conference's pioneering role in Southeast Asia on the issue. The conference has also inspired the *i Report*, a Philippine investigative quarterly, to devote the next issue to health care-related concerns.

4. Commitment of the Philippine Department of Health

Philippine Department of Health Secretary Francisco Duque III publicly endorsed the conference objectives in his welcome remarks delivered to the plenary. During an impromptu press conference that followed, Duque announced that his department has resolved to issue an Administrative Order instructing hospitals to gradually eliminate the use of all mercury-containing products.

The Administrative Order will require purchasing decisions of government hospitals to consider the mercury content of products such as thermometers, blood pressure monitors, chemical reagents, fluorescent lamps, amalgam used for dental filling, batteries and feeding tubes.

Secretary Duque said that doctors and nurses are often unaware about the environmental impact of their activities while delivering health care services. "While we may not be able to replace mercury-containing devices in hospitals all at once, " Duque said, "the DOH will start a program which will aim to make hospitals mercury-free."

5. Mercury-free Pledge

The conference formally introduced the mercury-free pledge, which a hospital can sign on to as an initial step to begin its mercury pollution prevention efforts. The pledge provides a useful framework that outlines concrete steps a hospital must take for the immediate reduction and eventual elimination of mercury.

Those who will make the pledge agree to:

- Conduct a mercury audit to identify sources of mercury in their institution.
- Commit to eliminate the use of mercury by investigating opportunities to phase out mercury-containing items.
- Develop and approve a resolution to support becoming a mercury-free facility.
- Develop and implement a "Mercury-Free Purchasing Policy."
- Develop and implement a program of waste segregation and recycling.
- Develop a program to collect all mercury-containing wastes, avoiding incineration and improper dis posal.
- Educate staff.
- Conduct an assessment of the cost of their mercury management programs.
- Collaborate with national hospital association and ministries of health and environment.

The pledge will be circulated initially among the conference participants'hospitals for the adoption of their respective boards.

6. Pre-conference Discussion in Malaysia

Prior to the Manila conference on January 25-26, the Penang Environment Working Group held a seminar on "Waste Management of Mercury in Health Care-The Malaysian Experience" on December 10, 2005 in Penang. Fifty-six participants from Malaysia's Health Department, government and private hospitals, waste management companies and the general community held an active discussion on the subject. Dr. Ong Hean Tee of PEWOG presented to the conference plenary what transpired in the meeting and information on current mercury use in health care facilities in Malaysia.

The discussion in Penang came up with specific recommendations on how to address the problem of widespread mercury use in health care facilities in Malaysia: 1) Make viable alternatives available and health care workers aware of their availability; 2) Create a vision of a mercury-free environment; 3) Set up standard operating procedures for breakage management and safe disposal in collaboration with the Department of Health; 4) Reduce landfilling and incineration of mercury waste; and 5) Work for a truly safe final disposal method.

7. Working groups' Plans of Action

The conference divided into nine working groups based on geographical and professional affiliation. The working

groups were: Global Input; Southeast Asia; Metro Manila; Luzon; Visayas; Mindanao; Professional Organizations, Schools and Academe; and Nurses. The working groups were provided guide questions to facilitate discussion:

- What are the concrete actions or activities that a national working group on mercury in health care can take to reduce, if not eliminate, the use of mercury in six months? In one year, three years, five years?
- What are the short, medium, and long-term goals of this working group?
- What should the composition and operating principles of a national working group be so as to assure representation from hospitals in each region of the country, national health care associations, NGO's and the government?
- How should it relate to other sources of mercury beyond the health care sector and those working on these issues?
- What kind of support do you need from the government [Department of Health (DOH), Department of Environment and Natural Resources (DENR)], professional groups (Philippine Medical Association (PMA), Philippine Hospitals Association (PHA), Philippine Pediatric Society (PPS)] and other public interest groups (Health Care Without Harm (HCWH) in addressing the issue of mercury use?

Highlights from the plans of the working groups

Working groups	Action points identified	Assistance needed
Metro Manila 1	1) Mercury audit (including procurement data) in hospitals 2) Training and education of hospital staffs 3) Promotion of guidelines on mercury spills and waste management.	1) From the DOH: policy guidelines/ licensing regulations, technical facility and logistical assistance 2) From the DENR: Policy guidelines and their strict implementation, and setting up of facilities/ infrastructure for mercury waste storage disposal 3) Legislation of regulatory mechanism for mercury waste
Metro Manila 2	1) Education and training of hospital staffs 2) Inventory of mercury-containing products in hospitals 3) Phaseout of use of mercury-containing products 4) Provision of mercury spill cleanup kits 5) Lobbying for a national infrastructure to address mercury disposal	From medical societies: support for the inclusion of mercury among Philhealth's Benchbook accreditation criteria
Luzon	1) Orientation of hospital staffs regarding the issue and train them on how to handle mercury spills 2) Identification mercury-containing products in the hospitals 3) Formulation of hospital policies or resolution/ ordinance for the local government to adopt 4) Gradual phaseout of use of mercury-containing products 5) Monitoring/assessment of use of non-mercury alternatives.	***

Working groups	Action points identified	Assistance needed
Visayas	1) Inventory of mercury-containing products in hospitals 2) Strengthening the hospital waste management committees and focusing on mercury waste 3) Discontinuation of procurement of mercury-containing products	From DOH, DENR: advocacy campaign and adoption of joint circular on the disposal of mercury, mercury waste plan as requirement for hospital licensure
Mindanao	1) Lobbying for local ordinances for a mercury-free Mindanao 2) Inclusion of mercury-free alternative products in annual procurement plans 3) Provision of mercury spill cleanup kits. 4) Inventory locally available mercury-free alternatives.	1) From DOH and DENR: technical and financial assistance, hospital policy on mercury as an added requirement for hospital licensure 2) From professional organizations and societies: technical expertise for the development and implementation of guidelines on the use of mercury by the members of societies
Nurses	1) Integration of chemical safety to nursing education 2) Involvement of nurses in hospitals' development of criteria for environmentally preferable purchasing 3) Orientation and training of hospitals staffs 4) Prioritization of purchase of non-mercury products. 5) Introduction of the Filipino nurses of the Global Scholarship Alliance to Hospitals for a Healthy Environment Project in the United States 6) Networking with the Philippine League of Government Nurses on mercury issue	From the DOH and DENR: development of advisory for mercury on fish
Professional organizations, schools and academe	1) Lobbying for curriculum change in twenty-three identified dental schools 2) Provision of mercury spill cleanup kits in schools 3) Gathering relevant local data on mercury levels in wastewater	1) From the Department of Trade and Industry: a tax hike for products containing hazardous materials 2) From the DOH: provision of technical support, in terms of technology, resource persons, and educational materials for hospital staff
Southeast Asia	1) Formation of national stakeholders network in each country 2) Awareness campaign 3) Implementation of a program to replace mercury-containing health care devices	From Health Care Without Harm: Philippine office to serve as secretariat

Working groups	Action points identified	Assistance needed
Global Input	1) Call for legally binding instrument to curtail global demand and supply of mercury-containing products. 2) Working with professional groups to push national governments 3) Lobbying for UNICEF, SIGN PATH to follow WHO policy on mercury 4) Coordination with IPEN, WWF, WPHA and labor groups 5) Collaboration with the UNDP GEF Project on health care waste management	From WHO: sponsorship of a vendors' meeting and Cleanmed International, and preparation of database for non-mercury products

8. Southeast Asia Working Group on Mercury in Health Care

The conference was able to assemble a germinal Southeast Asia working group with members from the Philippines, Malaysia, Indonesia and Vietnam. The working group will for the next year build networks and advocacy support systems in the members' respective countries. The working group will facilitate multi-stakeholder workshops on mercury and the hazards of incineration in health care in Malaysia (May), Vietnam (June) and Indonesia (September). The workshops will gather stakeholders on the issue and devise country-specific action plans on how to move forward in the campaign. In Malaysia, the workshop will be jointly facilitated by the Consumers Association of Penang (CAP) and the Penang Environment Working Group (PEWOG); in Vietnam, by the UNDP-GEF Project on health care waste management; and in Indonesia, by the Indonesian Directorate of Product and Hazardous Substances Control. A Chinese NGO that participated in the conference, the Global Village of Beijing, is also organizing a workshop and is exploring a collaboration with the health care sector focused on mercury reduction.

9. Identification of Manufacturers of Mercury-free Medical Devices

Preparations for the conference and the exhibit established contacts with manufacturers of mercury-free devices with market presence in the Philippines, particularly Wellness Pro, which sells digital thermometers and blood pressure monitors, and Voco, which manufactures mercury-free dental restorative materials. A major post-conference task will be the preparation of a comprehensive database of local suppliers of mercury-free health care products.

10. Synergy with Other Initiatives

The conference provided a good venue to discuss the science behind mercury pollution, which is one of the two concerns (the other being dioxin) currently being addressed by an a United Nations Development Programme-Global Environment Facility (UNDP-GEF) project on "Demonstrating and Promoting Best Practices in Reducing Medical Waste to Avoid Environmental Releases of Dioxin and Mercury from Health Care Practices." In Southeast Asia, the Philippines and Vietnam are involved in the project. The project aims to develop model health care facilities that will adopt environmentally responsible and non-burn practices in the management of medical waste. Health Care Without Harm and the World Health Organization are the principal cooperating agencies of the project (see www.gefmedwaste.org).

The conference's success in bringing to the fore the health risks associated with mercury spills from even small medical devices like thermometers is crucial in creating the audience for the GEF project. A better appreciation of mercury pollution by health care personnel is necessary for initiatives such as the GEF Projectthat aim to rid hospitals of mercury-containing health care devices. It is hoped that from the pool of hospitals represented by the conference participants, interested parties may wish to replicate the example set by the GEF model hospitals in the future.

The conference also revealed a significant potential for the health care sector to play a leading role in addressing mercury pollution on the local, national and global levels. Such leadership could come in the form of support from the health care sector on other mercury-related issues such as mercury contamination of fisheries resources, mercury pollution from non-health care sources, and global action to control the trade of mercury and mercury-containing products.

GEF Medical Waste Project

The Global Environment Facility is the funding mechanism to assist developing countries to meet their obligations under various environmental treaties and conventions, including the Stockholm Convention on Persistent Organic Pollutants. The GEF project "Demonstrating and Promoting Best Techniques and Practices for Reducing Health-Care Waste to Avoid Environmental Releases of Dioxins and Mercury" will involve the countries of Argentina, India, Latvia, Lebanon, Philippines, Senegal, Tanzania, and Vietnam. UNDP is the implementing agency. Health Care Without Harm and WHO are principal cooperating agencies. The main components of the GEF project are:

- Develop model health-care institutions in each country, including urban and rural hospitals
- Strengthen national training and education efforts
- Incorporate new management practices and other systems
- Disseminate and replicate project results regionally and globally
- Assure project sustainability and replicability
- Develop low-cost alternative treatment technologies

Specific Activities for the LGU Model Facility

The GEF project entails the following specific activities to be conducted in the selected model facility:

- Review existing waste management practices and policies, including purchase and product utilization policies;
- Establish waste minimization and waste management objectives;
- Propose and adopt modifications in current practices and policies aimed at achieving objectives;
- Review project selection policies and procurement procedures, and revise as needed;
- Train both managers and staff to carry out the new policies and practices;
- Select and deploy appropriate waste treatment approaches;
- Monitor and review progress; provide ongoing support and assistance during project implementation to assure objectives are being met

In the Philippines

The main challenge after the conference will be to institute a multi-faceted program to slash the mercury waste generated by hospitals. The Philippine Department of Health's scheduled release of an Administrative Order outlining a nationwide program for the gradual phaseout of mercury-containing health care products will provide the mercury-free campaign in the Philippines with pivotal official endorsement from the government. While the order, when it does come some time in 2006, would take compulsory effect only on government-operated hospitals, the importance of such an order cannot be underestimated. Given the tight fiscal situation of most government hospitals and the many other demands on a government hospital's expenditures, an imprimatur from the Department of Health (which the Administrative Order will in effect provide) is necessary to justify any allocation of resources for programs that seek to replace mercury-containing products with alternatives that are as yet generally perceived to be costlier.

Most of the hospital administrative officials who attended the conference are from government hospitals in the Philippines. The mercury-free pledge which was introduced in the conference will be presented to them for adoption later in the year as a complementary step through which they can indicate their commitment to comply with the Administrative Order to be released by the Department of Health. The mercury-free pledge can serve as a rough guide on how such a gradual phaseout can be instituted. Health Care Without Harm will also work with the hospitals that sign the pledge in working out concrete plans on how to meet the pledge's obligations.

In order to induce hospitals to take action on the Administrative Order of the DOH and/or make the mercury-free pledge, work must also be continually done to address the information gap of health care personnel regarding the issue of mercury in health care. Most of the working groups during their workshops identified education and training of hospital staff as an important component of the campaign that needs to be addressed immediately.

The Way Ahead

Crucial to the success of mercury-free pledges would be the presence of a local market that can supply mercury-free alternative products at competitive cost to hospitals that are interested to buy. By creating a comprehensive database of suppliers, Health Care Without Harm can provide the necessary nexus between hospitals and suppliers in an effort to push down prices by facilitating demand for the products.

One thing identified during the conference proceedings as sorely lacking in the Philippines (and in Southeast Asia in general) is the presence of a national infrastructure for the collection and disposal of mercury waste. Some participants in the conference expressed apprehensions regarding temporarily storing mercury waste collected through the use of the mercury spill cleanup kits within their hospital's vicinity. To address such concern for a national infrastructure for mercury waste collection, it would be advisable for the Department of Environment and Natural Resources to begin devising a plan for such an infrastructure.

In Southeast Asia and beyond

A major action point identified by the Southeast Asia working group is the formation of national stakeholders' networks on the issue of mercury in health care. To facilitate the formation of these national networks, follow-up workshops have been scheduled in Malaysia, Vietnam and Indonesia in 2006. The overall goals of these workshops are the drawing of national plans for the promotion of mercury-free health care and the expansion of the Southeast Asia working group, specifically aiming to include hospital administrators and other health care workers.

One participant in this workgroup was a representative from an NGO in China. While not formally part of the South East Asia region, China plays an important role in mercury consumption, as well as in the production and distribution of mercury-containing medical devices and their alternatives. Follow-up activities to the conference have already begun in China, and we expect a series of initiatives to emerge from there as a direct result of the conference.

The working group can also coordinate efforts of the various national networks in pushing for governments to support a legally binding international instrument that would seek to curtail the demand and supply of mercury-containing health care products. The conference conclusions about the need for a legally binding international instrument to control mercury trade, along with such efforts by national networks in the region, can serve as input to the UNEP Governing Council meeting in Nairobi in February 2007.

In August of 2006, during the Second Regional Conference on Mercury in Health Care in Buenos Aires, Argentina, initial developments and lessons from the campaign in Southeast Asia will be shared in the plenary there.

MERCURY IN HEALTH CARE
Southeast Asia Conference
Philippines 2006

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